Substitute for form 1449/F	Substitute for form 1449/PTO		Complete if Known		
		Application Number			
INICODMATI	ON DISCLOSURE	Filing Date			
		First Named Inventor	ROSSEN		
STATEMENT BY APPLICANT (Use as many sheets as necessary)		Art Unit			
		Examiner Name			
Sheet 1	of 1	Attorney Docket Number	ZM244/03001		

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner	Date	
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